

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SIERRA CLUB INDEPENDENT ACTION		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00483693 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Ariel Hayes		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 50 F St, NW, 8th Floor		Amount 71.22	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4222
Purpose of Expenditure Salaries & Benefits	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2016	
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MD	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ariel Hayes		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 50 F St, NW, 8th Floor		Amount 35.61	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4237
Purpose of Expenditure Salaries & Benefits	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 04 / 15 / 2016	
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MD	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	106.83
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sarah Hodgdon

[Electronically Filed]

Date

MM / DD / YYYY
04 / 20 / 2016

Signature